

Opinions About HIV/AIDS-Related Issues Among California Adults, 2005

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The Committee for the Protection of Human Subjects at the University of California, Berkeley and the California Health and Human Services Agency determined that the study met the requirements for Exempt Research.

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EXECUTIVE SUMMARY

The Golden Bear Omnibus Survey, conducted by the Survey Research Center at the University of California, Berkeley, is a cross-sectional, random-digit dialing telephone survey that examines public opinions among adults in California. In 2005, the University of California, Berkeley, Center for Family and Community Health (CFCH) and the California Department of Health Services, Office of AIDS, included a series of questions in the Golden Bear Omnibus Survey to investigate opinions about HIV/AIDS-related issues.

Between June 1 and August 17, 2005, the Golden Bear Omnibus Survey interviewed 993 California adults by telephone with 856 (86 percent) interviews conducted in English and 137 (14 percent) in Spanish; 577 (58 percent) respondents were female and 416 (42 percent) were male. The survey had a margin of error of plus or minus four percentage points. The main findings from the survey include:

- 1) 44.7 percent of California adults were extremely concerned about HIV and AIDS as a public health issue;
- 2) 64.2 and 51.1 percent supported increasing funding for HIV/AIDS programs in and outside of the United States, respectively;
- 3) 65.9 percent supported increasing funding for free, anonymous HIV rapid tests;
- 4) 84.6 percent preferred abstinence-plus sex education in public schools;
- 5) 81.1 percent supported universal HIV testing for all pregnant women;
- 6) 65.0 percent favored needle exchange programs in communities;
- 7) 76.4 percent supported the sale of HIV home test kits without a prescription; and
- 8) 85.6 percent favored HIV testing of all incoming prisoners.

INTRODUCTION

California ranks second in the country in cumulative AIDS cases¹ with a total of 139,449 AIDS cases reported to the California Department of Health Services, Office of AIDS (CDHS/OA), by the end of 2005.² HIV/AIDS policies play a role in HIV/AIDS control and prevention; allocation of resources are often based on public perceptions or issues perceived as important by the media and, in turn, the general public. In 2005, the University of California, Berkeley, Center for Family and Community Health (CFCH) and CDHS/OA, included a series of questions in the Golden Bear Omnibus Survey to investigate opinions about HIV/AIDS-related issues among California adults.

METHODS

Between June 1 and August 17, 2005, the Survey Research Center (SRC) at the University of California, Berkeley, conducted the Golden Bear Omnibus Survey, a cross-sectional, random-digit dialing telephone survey of English- and Spanish-speaking adults in California. The intent of the survey was to assess opinions about current public health, political, and policy issues.

Sampling

The sample of telephone numbers for this survey was generated using list-assisted, random-digit sampling. This method preserves the characteristics of a simple random sample but takes advantage of telephone directory information to make the sampling more efficient. The method reduces the number of unproductive calls to

nonworking telephone numbers and obtains a higher proportion of residential households than conventional random-digit dialing procedures.³

After the initial sample of telephone numbers was generated, GENESYS Sampling Systems (GSS) performed two additional steps to eliminate nonresidential numbers. First, the file of generated numbers was cross-checked with the GENESYS-Plus business database, and business telephone numbers were eliminated. GSS then dialed the remaining telephone numbers using automated dialing equipment allowing up to two rings. Specially trained company representatives monitored the calls and were available to speak to anyone who answered the phone. Many business and nonworking phone numbers, including fax and modem lines, were removed from the database by this method.

After completion of the steps to eliminate nonresidential phone numbers, the sample was sent to SRC at the University of California, Berkeley, to conduct the telephone interviews. SRC interviewers asked the person who answered the telephone how many persons living in the household were at least 18 years old. The interviewer then conducted a household "enumeration," a systematic listing of all household residents at least 18 years of age. If more than one adult resided in the household, one was randomly selected and requested to participate in the survey.

Data Collection

Once an adult agreed to participate in the survey, the interviewer conducted the telephone interview in either English or Spanish based on the preference of the participant. The interview was rescheduled to another day or time if more convenient to

¹ Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report. 2002;14:1-40. Available at:

<http://www.cdc.gov/hiv/stats/hasrlink.htm>. Accessed February 10, 2006.

² California Department of Health Services. AIDS case statistics, 2005. Available at: <http://dhs.ca.gov/aids/Statistics/pdf/Stats2005/Dec05/AIDSmmerged.pdf>. Accessed February 10, 2006.

³ Casady RJ, Lepkowski JM, et al. Stratified telephone survey designs. *Surv Methodol* 1993;19:103-113.

the participant. The interviews averaged approximately 35 minutes.

Measures

The survey instrument contained one module that measured demographic characteristics and 12 modules that assessed opinions about current public health, political, and policy issues, including one module of 19 questions that were related to HIV/AIDS issues. In this module, we assessed opinions related to HIV/AIDS education in schools, concern about HIV/AIDS, federal funding for HIV/AIDS programs, policy proposals relating to needle exchange/sales, HIV testing, and proposals concerning prison populations. To avoid potential response bias caused by question order, questions related to federal funding for domestic and international HIV/AIDS programs were administered in random order.

Statistical Weighting

Sampling and post-stratification weights were created for each case to compensate for differences in probabilities of selection and to adjust the sample to match the demographics of the population.

The sampling weight adjusted for differences in the probabilities of selection of each respondent. The number of telephone numbers and the number of eligible adults in each selected household affected probability of selection and so were considered in this weight. A person who had two telephone numbers in their household had twice the chance of being selected as a person with only one number. The former, therefore, received half the weight. The relative weight is $1/T$, where T is the number of telephone numbers (1-2 = actual number, and 3 = 3 or more) in the household. T excludes telephone lines used exclusively for fax machines and modems that are not answered manually. Additionally, since only one eligible adult was selected to be interviewed, persons residing in households with more than one eligible person would be less likely to be

selected than persons residing in households with fewer persons. The relative weight to compensate for this factor is P , where P is the number of eligible persons in the selected household (1-3 = actual number, and 4 = 4 or more).

The sampling weight for each case on the data file (sampwt) was the product of these adjustments: $\text{sampwt} = k \cdot P/T$, where k is a constant to scale the weight such that the overall weighted number of cases equals the unweighted number of cases.

The second level of weighting performed was a post-stratification adjustment. Since different segments of the California population are more likely than others to reside in a household with a telephone and to respond to the interview, certain groups of people are over- or under-represented at the end of the survey. Therefore, post-stratification weights were used to adjust the distribution of the sample to a reliable standard. The variables used to post-stratify were race, gender, age, and education, and the criterion distribution was based upon the California data collected in the 2002 and 2003 American Community Surveys conducted by the U.S. Census Bureau.

Data Analyses

Both weighted and unweighted sociodemographic data are both presented, and all descriptive analyses of HIV/AIDS-related opinions were conducted on weighted data. Analyses were performed using STATA 9.0. Stata svy procedures were used to incorporate the complex sample survey design in the weighted analyses. With 95 percent confidence, the margin of error for the survey estimates is plus or minus four percent.

RESULTS

Sample Disposition and Response Rate

A total of 993 interviews were completed with 856 (86 percent) in English and 137 (14 percent) in Spanish. The final sample disposition results are summarized in Table 1.

In this survey, telephone numbers that were never answered (even by an answering machine) after nine calls were considered of indeterminate status. There were 789 such telephone numbers and almost 80 percent of these had ten or more consecutive calls, none of which were ever answered. These telephone numbers were called at least once in the morning, afternoon, early evening, and late evening on weekdays, and at least once on Saturday and Sunday.

In order to estimate the proportion of these numbers that might belong to households,

we considered the status of telephone numbers we were able to determine.

Approximately 67 percent of telephone numbers that had at least one answered call either by a person or an answering machine, belonged to households eligible for the survey. Thus, we estimated that no more than half of that proportion, or 34 percent, of phone numbers that did not have a call answered, even after extensive calling, actually were households.

Therefore, the number of indeterminate cases attributed to nonresponding eligible households in Table 1 was $789 \times 34 \text{ percent} = 268$. The remaining 521 telephone numbers were considered ineligible for the survey. This response rate calculation conforms to the Council of American Survey Research Organizations (CASRO) method No. 3 with $e=.34$.

Under CASRO method No. 1, which counts all indeterminate cases as non-responding

Table 1. Final sample disposition

	N	% of total	% of eligible
Total phone numbers sampled	6,329	100.0	
Ineligible numbers			
Business	403	6.4	
Computer/FAX	574	9.1	
Not in service	665	10.5	
Not English/Spanish speaking	155	2.4	
Group quarter, institution, vacation home, cell phone, etc.	34	0.5	
Part of never answered*	521	8.2	
Total Ineligible	2,352	37.2	
Eligible Households	3,977	62.8	100.0
Non-Response			
Enumeration refusals	1,620	25.6	40.7
Telephone answering device	268	4.2	6.7
Respondent refusals	421	6.7	10.6
Informant refusals	165	2.6	4.1
Break-off	77	1.2	1.9
Respondent never available	85	1.3	2.1
Unable to participate due to illness/disability	80	1.3	2.0
Part of never answered*	268	4.2	6.7
Total Non-Response	2,984	47.1	75.0
Completed Telephone Interviews	993	15.7	25.0

*Telephone numbers that were never answered (even by a machine) after nine calls.

Source: CDHS/OA.

Table 2. Sociodemographic characteristics of the survey sample (N=993)

	N*	Unweighted percentage (%)	Weighted percentage (%)
Gender			
Male	416	41.9	47.7
Female	577	58.1	52.3
Age			
18-24	95	9.7	17.2
25-44	354	36.3	39.7
45-64	347	35.6	30.0
65+	179	18.4	13.2
Race/ethnicity			
White	593	60.6	51.0
Black	60	6.1	6.3
Hispanic	232	23.7	29.6
Asian/Pacific Islander	50	5.1	10.7
Other	44	4.5	2.4
Education			
< 12 years	85	8.7	11.9
High school or equivalent	213	21.7	30.0
Some college	292	29.7	30.3
College graduate	393	40.0	27.8
Household income			
<\$35,000	267	29.8	33.0
\$35,000 - \$49,999	146	16.3	17.5
\$50,000 - \$99,999	230	25.7	24.4
≥ \$100,000	253	28.2	25.1
Marital status			
Married	503	51.0	52.6
Living together	67	6.8	8.1
Separated	27	2.7	1.8
Divorced	132	13.4	8.6
Widowed	69	7.0	4.9
Never married	188	19.1	24.0
Having child(ren)			
Yes	713	72.0	67.2
No	277	28.0	32.8
Interview language			
English	856	86.2	81.5
Spanish	137	13.8	18.5

*Sample size may not sum to the total due to missing data.

Source: CDHS/OA.

eligible households, the (minimum) response rate was 22.1 percent. Under CASRO method No. 5, which considers all indeterminate cases ineligible for the survey, the (maximum) response rate was 26.8 percent.

Sample Description

Table 2 presents the sociodemographic characteristics of the survey sample. The unweighted analyses show that 58 percent (n = 577) of the sample were female, and 42 percent (n = 416) were male; 10 percent

were between the age of 18 and 24 years, and 18 percent were 65 years or above; the majority (61 percent) were White; two-fifths (40 percent) had a college graduate degree; and about half (51 percent) were married.

Opinions About HIV/AIDS-Related Policies

Figure 1 through Figure 18 present the data in bar charts, and were grouped by topic areas: HIV/AIDS concern/perceived prejudice, funding for HIV/AIDS programs, sex education in public schools, and prevention proposals.

HIV/AIDS Concern/Perceived Prejudice

Almost half (44.7 percent) of California adults were extremely concerned about HIV/AIDS (Figure 1); 49.5 percent reported that HIV/AIDS policy was “very” or “extremely important” in deciding how he/she voted (Figure 2); 39.5 percent thought there is a lot of prejudice against people with HIV and AIDS in California (Figure 3).

Figure 1. How concerned are you about HIV and AIDS as a public health issue? On a scale of 0 to 10, where 0 means you are not concerned at all and 10 means you are extremely concerned, how would you rate yourself?

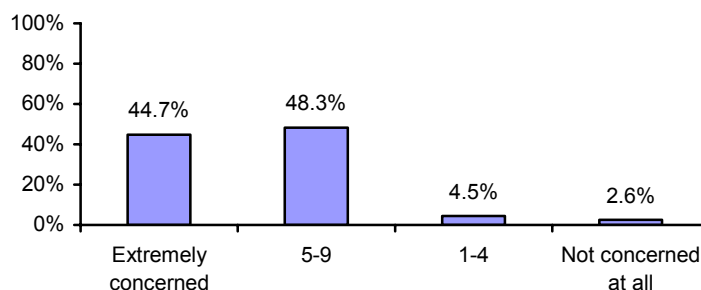


Figure 2. Please tell me how important HIV/AIDS policy is in deciding how you vote. Is it extremely important in deciding your vote, very important, somewhat important, or not important?

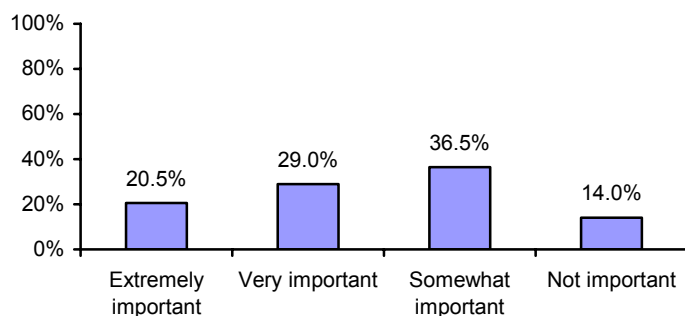
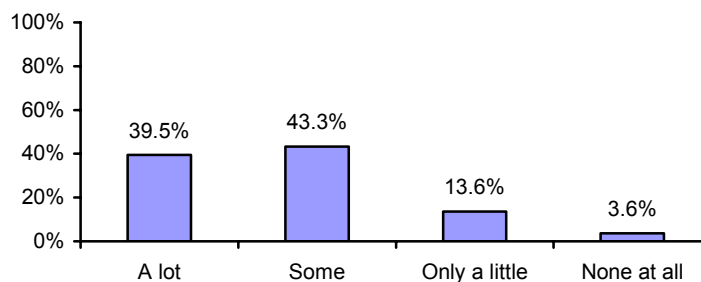


Figure 3. How much prejudice and discrimination do you think there is against people living with HIV and AIDS in California today--a lot, some, only a little or none at all?



Funding for HIV/AIDS Programs

Among California adults, 64.2 percent thought that funding for HIV/AIDS programs in the United States should be increased (Figure 4); 51.1 percent felt that we should increase federal funding for HIV/AIDS programs outside of the United States (Figure 5); 57.9 percent believed that we should increase funding for the programs that help pay for medications for low-income persons with HIV or AIDS who lack insurance to cover the cost of medication (Figure 6); 65.9 percent thought that the government should provide free, anonymous HIV rapid tests in all HIV counseling and testing centers throughout California (Figure 7).

Figure 4. Do you think we should increase, keep the same, or decrease federal funding for HIV/AIDS programs in the U.S.?

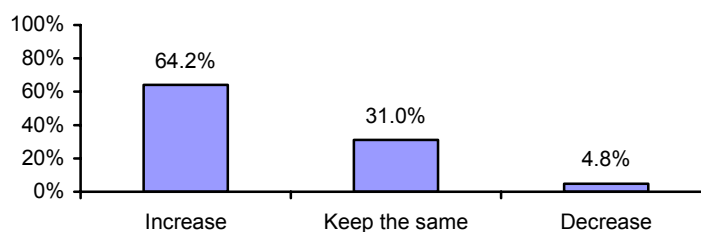


Figure 5. Do you think we should increase, keep the same, or decrease federal funding for HIV/AIDS programs outside the U.S.?

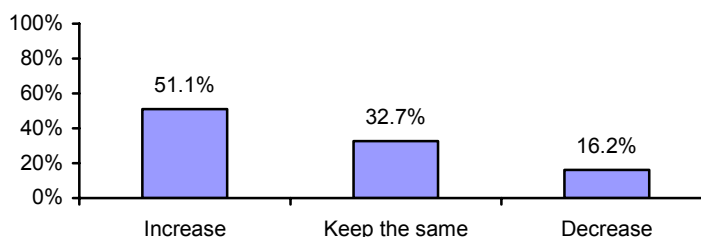


Figure 6. There are government programs that help pay for medications for low-income persons with HIV or AIDS who lack insurance to cover the cost of medication. Do you think we should increase, keep the same or decrease funding for this program?

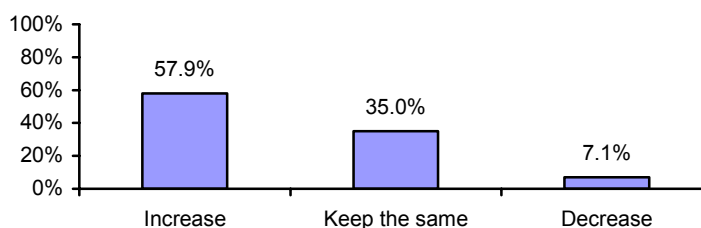
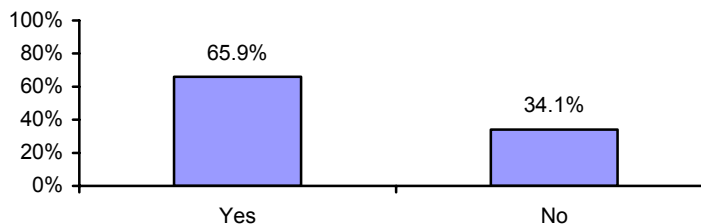


Figure 7. Do you think the government should provide free, anonymous HIV rapid tests in all counseling and testing sites?



Sex Education in Public Schools

When asked about sex education for teenagers in public schools, approximately one-tenth (10.4 percent) of California adults preferred abstinence-only sex education, whereas, 84.6 percent preferred abstinence-plus sex education and 5.0 percent preferred no sex education in schools (Figure 8). “Abstinence-plus” was explained as education about abstinence and ways to protect against sexually transmitted diseases and unplanned pregnancies. Over three-quarters of California adults believed that middle/junior high and high school students should be taught about safe sex (79.3 percent [Figure 9] and 94.7 percent [Figure 10], respectively).

Figure 8. What kind of sex education would you prefer for teenagers in public schools? Abstinence-only education teaches that young people should refrain from engaging in sexual behavior before marriage. Abstinence-plus education teaches abstinence plus it provides information about how to protect against sexually transmitted diseases and unplanned pregnancies. Do you prefer that public schools teach abstinence-only, abstinence-plus, or do not teach sex education at all?

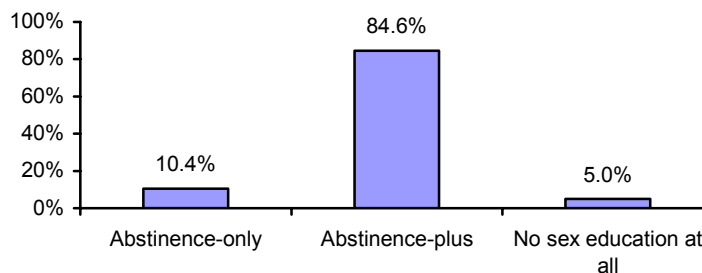


Figure 9. Do you think students in middle school or junior high school (grades 6-9) should be taught about safe sex?

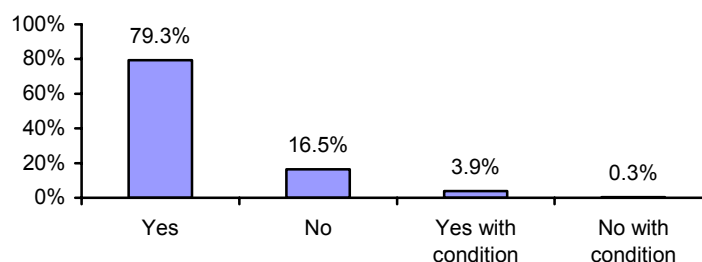
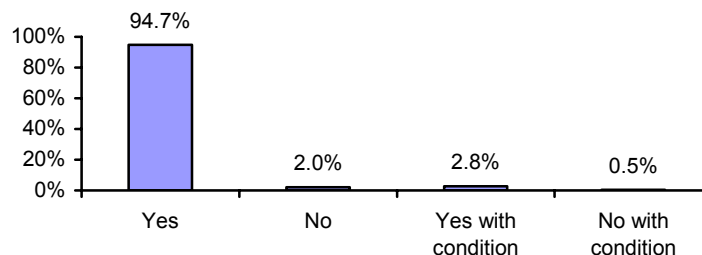


Figure 10. Do you think students in high school (grades 9-12) should be taught about safe sex?



Prevention Proposals

Among California adults, 81.1 percent felt that all pregnant women should be required to test for HIV (Figure 11); 83.2 percent favored all newborn babies be tested for HIV if their mothers were not tested for HIV during pregnancy (Figure 12); 65.0 percent favored that communities allow needle exchange programs where injection drug users can exchange their used needles for clean needles (Figure 13); 50.8 percent felt that licensed pharmacists should be allowed to sell clean needles without a prescription (Figure 14); 76.4 percent favored that pharmacies be allowed to sell self-administered HIV test kits without a prescription that would enable people to test themselves for HIV infection at home using their saliva (Figure 15); 68.9 percent favored allowing prisons to distribute condoms to prisoners (Figure 16); 88.2 percent favored availability of HIV prevention education to all prisoners (Figure 17), and 85.6 percent favored HIV testing of all prisoners when they enter prison (Figure 18).

Figure 11. Because HIV-infected pregnant mothers can infect their babies and this risk can be greatly reduced if HIV/AIDS drugs are used before or during delivery, all pregnant women should be required to test for HIV. Do you favor or oppose this proposal?

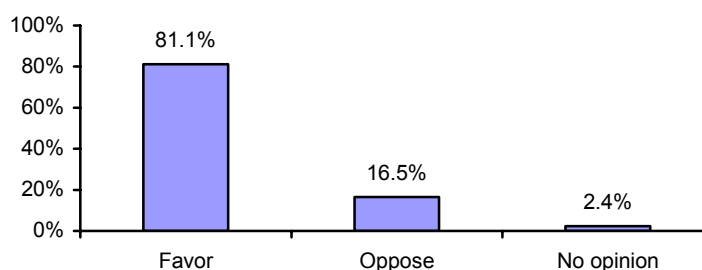


Figure 12. Testing newborn babies would enable early treatment to be provided if the baby is infected with HIV. All newborn babies should be tested for HIV if their mothers were not tested for HIV during pregnancy. Do you favor or oppose this proposal?

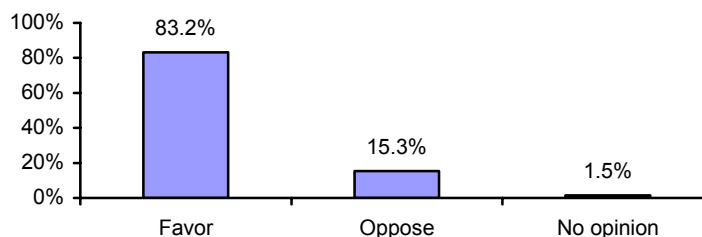


Figure 13. Because HIV can be transmitted through the sharing of needles, communities should allow needle exchange programs where injection drug users exchange their used needles for clean needles. Do you favor or oppose this proposal?

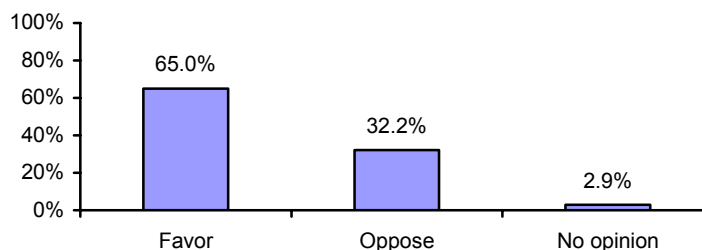


Figure 14. Because HIV can be transmitted through the sharing of needles, licensed pharmacists should be allowed to sell clean needles without a prescription. Do you favor or oppose this proposal?

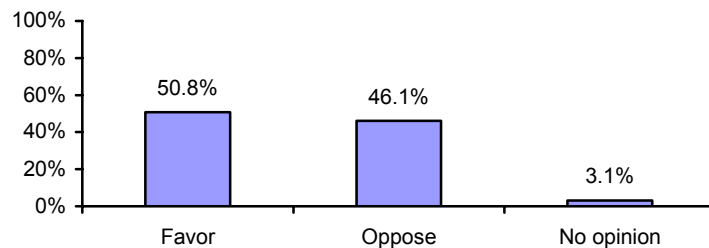


Figure 15. Pharmacies should be allowed to sell without a prescription HIV test kits that would enable people to test themselves for HIV infection at home using their saliva. Do you favor or oppose this proposal?

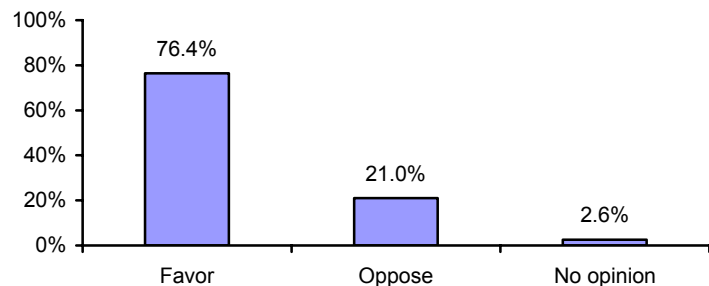


Figure 16. Because many prisoners are at risk for HIV infection, prisons should be allowed to distribute condoms to prisoners. Do you favor or oppose this proposal?

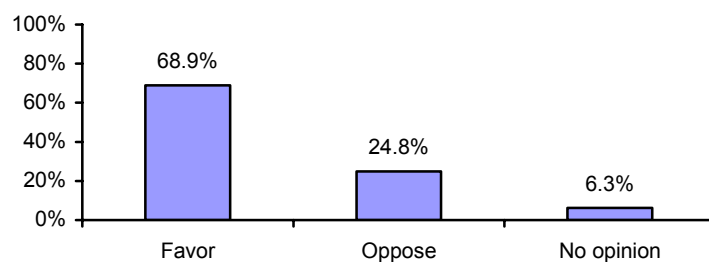


Figure 17. All prisons should offer prisoners education about how to prevent HIV infection. Do you favor or oppose this proposal?

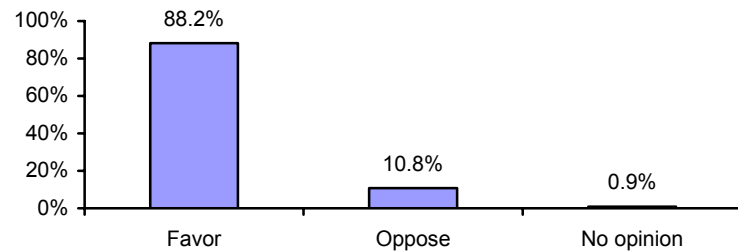
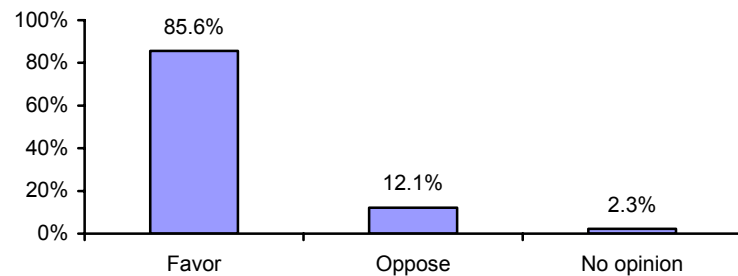


Figure 18. All prisoners should be tested for HIV infection when they enter prison. Do you favor or oppose this proposal?



CONCLUSIONS

In summary, the majority of Californians support the following HIV/AIDS-related measures:

- Increased federal funding for domestic and foreign HIV/AIDS programs;
- Increased government funding of AIDS medication and provision of free, anonymous rapid HIV tests for those in need;
- Abstinence-plus sex education for middle and high school students;
- Mandatory HIV testing for pregnant mothers and/or newborn infants;
- Community needle exchange programs;
- Sale of needles and HIV saliva test kits without prescription in pharmacies; and
- Availability of HIV testing, HIV prevention education, and condoms to all prisoners.

APPENDIX

I. Survey Questionnaire - HIV/AIDS Module

Next, I will ask you some questions about your opinions on HIV and AIDS. As you may know, HIV is the Human Immunodeficiency Virus, and AIDS, or Acquired Immunodeficiency Syndrome, is the disease which occurs in the advanced stages of infection with HIV.

- Q1. How concerned are you about HIV and AIDS as a public health issue? On a scale of 0 to 10, where 0 means you are not concerned at all and 10 means you are extremely concerned, how would you rate yourself?

☐ ☐ Rating
☐ 88 Don't know
☐ 99 Refuse

- Q2. Please tell me how important HIV/AIDS policy is in deciding how you vote. Is it extremely important in deciding your vote, very important, somewhat important, or not important?

☐ 1 Extremely important
☐ 2 Very important
☐ 3 Somewhat important
☐ 4 Not important
☐ 5 Not applicable, do not or cannot vote
☐ 8 Don't know
☐ 9 Refused

- Q3. In the federal budget proposed for next year, funding for HIV/AIDS programs in the United States is either the same or less than current funding. Do you think we should increase, keep the same, or decrease federal funding for HIV/AIDS programs in the United States?

☐ 1 Increase
☐ 2 Keep the same
☐ 3 Decrease
☐ 8 Don't know
☐ 9 Refused

- Q4. In the federal budget proposed for next year, funding for HIV/AIDS programs outside the United States is greater than current funding. Do you think we should increase, keep the same, or decrease federal funding for HIV/AIDS programs outside the United States?

☐ 1 Increase
☐ 2 Keep the same
☐ 3 Decrease
☐ 8 Don't know
☐ 9 Refused

- Q5. There are government programs that help pay for medications for low-income persons with HIV or AIDS who lack insurance to cover the cost of medication. These medications increase survival time, health, and quality of life, but cost several thousand dollars per year for each person. This cost is expected to increase. Do you think we should increase, keep the same or decrease funding for this program?
- ☐ 1 Increase
 - ☐ 2 Keep the same
 - ☐ 3 Decrease
 - ☐ 8 Don't know
 - ☐ 9 Refused
- Q6. Most HIV counseling and testing centers provide free, anonymous HIV tests that take a week to get test results. Some centers now use rapid tests which provide results within 30 minutes. Using these rapid tests statewide would require more public funding. Do you think the government should provide free, anonymous HIV rapid tests in all of the centers?
- ☐ 1 Yes
 - ☐ 2 No
 - ☐ 8 Don't know
 - ☐ 9 Refused
- Q7. What kind of sex education would you prefer for teenagers in public schools? Abstinence-only education teaches that young people should refrain from engaging in sexual behavior before marriage. Abstinence-plus education teaches abstinence plus it provides information about how to protect against sexually transmitted diseases and unplanned pregnancies. Do you prefer that public schools teach abstinence-only, abstinence-plus, or do not teach sex education at all?
- ☐ 1 Abstinence-only
 - ☐ 2 Abstinence-plus
 - ☐ 3 No sex education at all
 - ☐ 4 Other (specify) _____
 - ☐ 8 Don't know
 - ☐ 9 Refused
- Q8. According to the information you have, how would you define "safe sex"? [DO NOT READ RESPONSE SET. PROBE THOROUGHLY AND ACCEPT MULTIPLE ANSWERS]
- ☐ 1 Reduce number of sex partners
 - ☐ 2 No exchange of body fluids
 - ☐ 3 Use condoms
 - ☐ 4 Avoid anal intercourse
 - ☐ 5 Be monogamous (one partner)
 - ☐ 6 Be celibate (be abstinent)
 - ☐ 7 Take sanitary precautions/be clean
 - ☐ 8 Know partners/be aware of partner's background
 - ☐ 9 Avoid high-risk partners
 - ☐ 10 Having sex with only one person who is not infected

- ☐ 11 Get tested for HIV
- ☐ 12 Oral Sex
- ☐ 13 Other [specify]: _____
- ☐ 88 Don't know
- ☐ 99 Refused

[Skip questions # Q9 and # Q10 if response to # Q7 is "No sex education at all.]

[Skip questions # Q9 and # Q10 if response to # Q8 is "Don't know" or "Refused."]

Q9. Based upon how you just defined safe sex, do you think students in high school (grades 9-12) should be taught about safe sex?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Yes with qualifications: _____
- ☐ 4 No with qualifications: _____
- ☐ 8 Don't know
- ☐ 9 Refused

Q10. Based upon how you just defined safe sex, do you think students in middle school or junior high school (grades 6-9) should be taught about safe sex?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Yes with qualifications: _____
- ☐ 4 No with qualifications: _____
- ☐ 5 Don't know
- ☐ 6 Refused

Q11. How much prejudice and discrimination do you think there is against people living with HIV and AIDS in California today--a lot, some, only a little or none at all?

- ☐ 1 A lot
- ☐ 2 Some
- ☐ 3 Only a little
- ☐ 4 None at all
- ☐ 8 Don't know
- ☐ 9 Refused

Next, I would like to read you several different proposals that have been made to stop the spread of HIV. For each proposal, please tell me whether you favor or oppose it.

Q12. Because HIV-infected pregnant mothers can infect their babies and this risk can be greatly reduced if HIV/AIDS drugs are used before or during delivery, all pregnant women should be required to test for HIV. Do you favor or oppose this proposal?

- ☐ 1 Favor
- ☐ 2 Oppose
- ☐ 3 No opinion
- ☐ 8 Don't know
- ☐ 9 Refused

- Q13. Testing newborn babies would enable early treatment to be provided if the baby is infected with HIV. All newborn babies should be tested for HIV if their mothers were not tested for HIV during pregnancy. Do you favor or oppose this proposal?
- ☐ 1 Favor
☐ 2 Oppose
☐ 3 No opinion
☐ 8 Don't know
☐ 9 Refused
- Q14. Because HIV can be transmitted through the sharing of needles, communities should allow needle exchange programs where injection drug users exchange their used needles for clean needles. Do you favor or oppose this proposal?
- ☐ 1 Favor
☐ 2 Oppose
☐ 3 No opinion
☐ 8 Don't know
☐ 9 Refused
- Q15. Because HIV can be transmitted through the sharing of needles, licensed pharmacists should be allowed to sell clean needles without a prescription. Do you favor or oppose this proposal?
- ☐ 1 Favor
☐ 2 Oppose
☐ 3 No opinion
☐ 8 Don't know
☐ 9 Refused
- Q16. Pharmacies should be allowed to sell without a prescription HIV test kits that would enable people to test themselves for HIV infection at home using their saliva. Do you favor or oppose this proposal?
- ☐ 1 Favor
☐ 2 Oppose
☐ 3 No opinion
☐ 8 Don't know
☐ 9 Refused
- Q17. Because many prisoners are at risk for HIV infection, prisons should be allowed to distribute condoms to prisoners. Do you favor or oppose this proposal?
- ☐ 1 Favor
☐ 2 Oppose
☐ 3 No opinion
☐ 8 Don't know
☐ 9 Refused
- Q18. All prisons should offer prisoners education about how to prevent HIV infection. Do you favor or oppose this proposal?
- ☐ 1 Favor
☐ 2 Oppose
☐ 3 No opinion
☐ 8 Don't know
☐ 9 Refused

Q19. All prisoners should be tested for HIV infection when they enter prison. Do you favor or oppose this proposal?

- ☐ 1 Favor
- ☐ 2 Oppose
- ☐ 3 No opinion
- ☐ 8 Don't know
- ☐ 9 Refused

II. Survey Questionnaire - Demographic Module

Q1. Now before we finish up, I would like to ask a few questions to make sure we are talking to a genuine cross-section of California. In what state or country were you born?

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 Alabama | <input type="checkbox"/> 2 Alaska | <input type="checkbox"/> 3 Arizona |
| <input type="checkbox"/> 4 Arkansas | <input type="checkbox"/> 5 California | <input type="checkbox"/> 6 Colorado |
| <input type="checkbox"/> 7 Connecticut | <input type="checkbox"/> 8 Delaware | <input type="checkbox"/> 9 Florida |
| <input type="checkbox"/> 10 Georgia | <input type="checkbox"/> 11 Hawaii | <input type="checkbox"/> 12 Idaho |
| <input type="checkbox"/> 13 Illinois | <input type="checkbox"/> 14 Indiana | <input type="checkbox"/> 15 Iowa |
| <input type="checkbox"/> 16 Kansas | <input type="checkbox"/> 17 Kentucky | <input type="checkbox"/> 18 Louisiana |
| <input type="checkbox"/> 19 Maine | <input type="checkbox"/> 20 Maryland | <input type="checkbox"/> 21 Massachusetts |
| <input type="checkbox"/> 22 Michigan | <input type="checkbox"/> 23 Minnesota | <input type="checkbox"/> 24 Mississippi |
| <input type="checkbox"/> 25 Missouri | <input type="checkbox"/> 26 Montana | <input type="checkbox"/> 27 Nebraska |
| <input type="checkbox"/> 28 Nevada | <input type="checkbox"/> 29 New Hampshire | <input type="checkbox"/> 30 New Jersey |
| <input type="checkbox"/> 31 New Mexico | <input type="checkbox"/> 32 New York | <input type="checkbox"/> 33 North Carolina |
| <input type="checkbox"/> 34 North Dakota | <input type="checkbox"/> 35 Ohio | <input type="checkbox"/> 36 Oklahoma |
| <input type="checkbox"/> 37 Oregon | <input type="checkbox"/> 38 Pennsylvania | <input type="checkbox"/> 39 Rhode Island |
| <input type="checkbox"/> 40 South Carolina | <input type="checkbox"/> 41 South Dakota | <input type="checkbox"/> 42 Tennessee |
| <input type="checkbox"/> 43 Texas | <input type="checkbox"/> 44 Utah | <input type="checkbox"/> 45 Vermont |
| <input type="checkbox"/> 46 Virginia | <input type="checkbox"/> 47 Washington | <input type="checkbox"/> 48 West Virginia |
| <input type="checkbox"/> 49 Wisconsin | <input type="checkbox"/> 50 Wyoming | <input type="checkbox"/> 51 Washington D.C. |
| <input type="checkbox"/> 97 Foreign Born | | |

Q2. In what year were you born? (1900-1987) ENTER YEAR

— — — —

Q3. Are you currently married, living with someone in a marriage-like relationship but not legally married, separated, divorced, widowed, or have you never been married?

- ☐ 1 Married
☐ 2 Living together but not legally married
☐ 3 Separated
☐ 4 Divorced
☐ 5 Widowed
☐ 6 Never married

Q4. What is the highest grade of school or year of college you have completed?

- ☐ 0 Less than 1st grade or no formal schooling
☐ 1-8 Elementary school (grades 1-8)
☐ 9-11 Some high school (grades 9-11)
☐ 12 Completed H.S./H.S. Graduate/GED
☐ 13-15 Some college but no undergraduate degree from 4yr school
☐ 16 Undergraduate degree from a 4 year institution
☐ 17 Some post-graduate work or graduate degree

Q5. Did you get a high school diploma, a GED or pass a high school equivalency test?

- ☐ 1 Yes
☐ 5 No

Q6. Is your ethnic origin Hispanic, that is, are you Mexican-American or Chicano, Puerto Rican, Cuban, or some other Hispanic origin?

- ☐ 1 Yes
☐ 5 No

6a. What is your HISPANIC ethnic origin?

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Argentina | <input type="checkbox"/> 2 Bolivia | <input type="checkbox"/> 3 Chile |
| <input type="checkbox"/> 4 Columbia | <input type="checkbox"/> 5 Costa Rica | <input type="checkbox"/> 6 Cuba |
| <input type="checkbox"/> 7 Dominican Republic | <input type="checkbox"/> 8 Ecuador | <input type="checkbox"/> 9 El Salvador |
| <input type="checkbox"/> 10 Guatemala | <input type="checkbox"/> 11 Honduras | <input type="checkbox"/> 12 Mexico |
| <input type="checkbox"/> 13 Nicaragua | <input type="checkbox"/> 14 Panama | <input type="checkbox"/> 15 Paraguay |
| <input type="checkbox"/> 16 Peru | <input type="checkbox"/> 17 Puerto Rico | <input type="checkbox"/> 18 Uruguay |
| <input type="checkbox"/> 19 Venezuela | | |
| <input type="checkbox"/> 96 Other (SPECIFY) | | |
| <input type="checkbox"/> 97 Mixed Hispanic (SPECIFY) | | |

Q7. Which of the following best describes your race or ethnic group?

- ☐ 1 Black or African-American
☐ 2 Native American
☐ 3 Hispanic or Latino
☐ 4 Filipino
☐ 5 Asian
☐ 6 Pacific Islander
☐ 7 White or Caucasian, or
☐ 8 some other group? (SPECIFY)
☐ 9 VOLUNTEERED: Mixed race (SPECIFY)

Q8. What is your present religious preference? Is it Protestant, Catholic, Islam, Jehovah's Witness, or something else?

- ☐ 1 Protestant
☐ 2 Catholic
☐ 3 Jehovah's Witness
☐ 4 Muslim/Islam
☐ 5 "Christian"
☐ 6 Jewish
☐ 7 Buddhist
☐ 8 Hindu
☐ 9 Other not codeable above (SPECIFY)
☐ 10 None; no preference (agnostic, atheist, humanist, "my own")

8a. [ASKED IF "Protestant"> What church or denomination is that?

- | | |
|--|--|
| <input type="checkbox"/> 1 Baptist | <input type="checkbox"/> 2 Episcopalian/Anglican |
| <input type="checkbox"/> 3 Lutheran | <input type="checkbox"/> 4 Methodist |
| <input type="checkbox"/> 5 Just Protestant | <input type="checkbox"/> 6 Presbyterian |
| <input type="checkbox"/> 7 Reformed | <input type="checkbox"/> 8 Brethren |
| <input type="checkbox"/> 9 Evangelical United Brethren | <input type="checkbox"/> 10 Christian/Just Christian |
| <input type="checkbox"/> 11 Christian Scientist | <input type="checkbox"/> 12 Church(es) of Christ |
| <input type="checkbox"/> 13 United Church of Christ | <input type="checkbox"/> 14 Disciples of Christ |
| <input type="checkbox"/> 15 Church of God | <input type="checkbox"/> 16 Congregationalist |
| <input type="checkbox"/> 17 Assembly of God | <input type="checkbox"/> 18 Holiness |
| <input type="checkbox"/> 19 Pentecostal | <input type="checkbox"/> 20 Friends, Quaker |

- | | |
|--|---|
| <input type="checkbox"/> 21 Orthodox (Greek or Russian?) | <input type="checkbox"/> 22 Non-Denominational Protestant |
| <input type="checkbox"/> 23 Mormons | <input type="checkbox"/> 24 Jehovah's Witness |
| <input type="checkbox"/> 25 Latter Day Saints | <input type="checkbox"/> 26 Unitarian/Universalist |
| <input type="checkbox"/> 97 Other (SPECIFY) | |

Q9. In order to compare responses from different people, we need to know the general area where they live. Could you please tell us your zip code?

— — — — —

Q10. Not including cell phones, do all of the telephones in your household have the same telephone number, or does your household have more than one telephone number?

- ☐ 1 All phones have the same number
☐ 5 More than one number

10a. Not including cell phones, how many DIFFERENT TELEPHONE NUMBERS come into your household? Please include any numbers used for receiving phone calls, but do not include numbers used exclusively for computers or fax machines.

— —

Q11. Do you have any children?

- ☐ 1 Yes
☐ 5 No (SKIP TO >gender<)

11a. How many of your children are under 18?

- ☐ 0 None
☐ 1-6 Enter number
☐ 7 Seven or more

11b. How many of your children are 18 or older?

- ☐ 0 None
☐ 1-6 Enter number
☐ 7 Seven or more

Q12. (CODE OR ASK IF NECESSARY) Are you male or female?

- ☐ 1 Male
☐ 5 Female

Q13. Now think of your household income for the year 2004. Which category represents the total combined income of all members of your household for last year? Please include money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this household who are 15 years of age or older. Was it under \$35,000, or was it over \$35,000?

- ☐ 1 Under \$35,000
☐ 3 EXACTLY \$35,000
☐ 5 Over \$35,000

13a. [INCOME SERIES CONTINUES THROUGH RANGES

- ☐ 1 < \$10,000
- ☐ 2 \$10,000 - \$15,000
- ☐ 3 \$15,000 - \$25,000
- ☐ 4 \$25,000 - \$35,000
- ☐ 5 \$35,000 - \$50,000
- ☐ 6 \$50,000 - \$75,000
- ☐ 7 \$75,000 - \$100,000
- ☐ 8 \$100,000 - \$150,000
- ☐ 9 > \$150,000

Q14. Generally speaking, do you usually think of yourself as a Democrat, a Republican, an Independent, or what?

- ☐ 1 Democrat
- ☐ 2 Republican
- ☐ 3 Independent
- ☐ 4 VOLUNTEERED: No preference
- ☐ 5 VOLUNTEERED: Other (SPECIFY)

14a. Would you call yourself a strong [Democrat/Republican] or not a very strong [Democrat/Republican]?

- ☐ 1 Strong
- ☐ 5 Not very strong

14b. Do you think of yourself as closer to the Republican party or to the Democratic party?

- ☐ 1 Democratic
- ☐ 5 Republican
- ☐ 7 VOLUNTEERED: Neither

Q15. In general, when it comes to POLITICS, do you usually think of yourself as a liberal, a conservative, a moderate, or haven't you thought much about this?

- ☐ 1 Liberal
- ☐ 2 Conservative
- ☐ 3 Moderate
- ☐ 4 Haven't thought much about this
- ☐ 5 VOLUNTEERED: Neither/None of those

15a. Would you call yourself a strong [Liberal/Conservative] or not a very strong [Liberal/Conservative]?

- ☐ 1 Strong
- ☐ 5 Not very strong

15b. If you had to choose, would you consider yourself more like a liberal, more like a conservative or neither?

- ☐ 1 Liberal
- ☐ 2 Conservative
- ☐ 3 Neither